



FORM CJT 721
ADD/CHANGE FIREARM(S) –
AGENCY/INFORMATION UPDATE

PRIVATE SECURITY GUARDS / PRIVATE INVESTIGATORS/ BAIL
BOND RECOVERY AGENTS

Revised 5/2014

Send completed update & forms to:

WSCJTC
19010 1ST AVE S
BURIEN WA 98148
By Email: citregistrar@cjtc.state.wa.us
Or Fax To: 206-835-7953

INSTRUCTIONS (Please type or print ALL information legibly):

1. **EMPLOYER:** Must complete and sign this form and return it to the Training Commission with required test sheets. (Forms CJT 728, 729, 730) Attach firearms certificate qualification sheets which have been completed & signed by a PS Certified Firearms Instructor and the applicant. A qualification sheet is required for each firearm listed below. FORM 731 is not needed if an active firearms certificate is on file.
2. **FEE:** \$0
3. Additional firearm information is stored in the WSCJTC database and provided to DOL when requested. The WSCJTC will notify the company owner/designee of an add/change firearm or agency update once completed.

PLEASE TYPE OR PRINT ALL INFORMATION LEGIBLY

INCOMPLETE UPDATES WILL NOT BE PROCESSED

☐ **ADD/CHANGE
FIREARM(S)**

☐ **AGENCY/INFORMATION UPDATE**

AGENCY TRANSFERRING FROM (if applicable):

☐ **PRIVATE SECURITY**

☐ **PRIVATE INVESTIGATOR**

☐ **BAIL BOND RECOVERY AGENT**

LAST NAME:

FIRST NAME:

MIDDLE

SSN - LAST FOUR:

WSCJTC FIREARMS CERTIFICATE # (REQUIRED):

DOL LICENSE #:

AGENCY / COMPANY NAME:

AGENCY OWNER/DESIGNEE EMAIL ADDRESS:

AGENCY ADDRESS:

CITY:

STATE:

ZIP CODE:

AGENCY PHONE:

AGENCY BUSINESS LICENSE NUMBER:

NEW FIREARMS: (COMPLETE ALL THAT APPLY)

HANDGUN

MANUFACTURER -MODEL NAME -CALIBER

MANUFACTURER -MODEL NAME -CALIBER

MANUFACTURER -MODEL NAME -CALIBER

SHOTGUN

MANUFACTURER -MODEL NAME -CALIBER

RIFLE

MANUFACTURER -MODEL NAME -CALIBER

The applicant named herein is at least 21 years of age and possesses a current and valid security guard, private investigator, or bail bond recovery agent license. Sole proprietors/principals must sign for themselves.

COMPANY OWNER/DESIGNEE (PRINT)

COMPANY OWNER/DESIGNEE (SIGNATURE)

FOR COMMISSION USE ONLY

Approved ☐

Disapproved ☐

Date Received: _____

Email Confirmation: _____

Handgun (s): _____

Shotgun (s): _____

Rifle (s): _____

DATE PROCESSED: